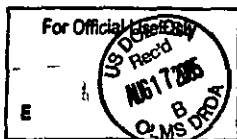


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>2919</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>ANTHONY J DESTEFANO</u> P O Box, Bldg. Room No. If any <u></u> Street <u>1322 WICKERHAM DRIVE</u> City <u>MONONGAHELA</u> State <u>PA</u> ZIP Code + 4 <u>15063</u>	4 Name file number and address of labor organization Name <u>IUPAT DISTRICT COUNCIL 57</u> Labor Organization File Number <u>540940</u> P O Box Building and Room Number If any <u></u> Street <u>10 E WING ROAD</u> City <u>CARNegie</u> State <u>PA</u> ZIP Code + 4 <u>15106</u>
5 Position in labor organization <u>BUSINESS MANAGER / SECRETARY - TREASURER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <u></u> Trade Name if any <u></u> P O Box Bldg. Room No. If any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a Nature of Interest, Transaction or Income <u></u> 7.b Amount <u></u>

Signature

16. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

Anthony J Destefano

On

8/11/05

Date

412-276-5758

Telephone Number

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name IUPAT - PENSION FUND

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 NEW YORK AVE. N.W. Suite 501

City WASHINGTON

State DC ZIP Code + 4 20006

5301

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

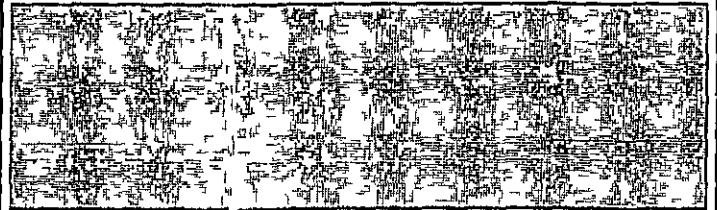
P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing



11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received



12 b Amount

93.68

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any

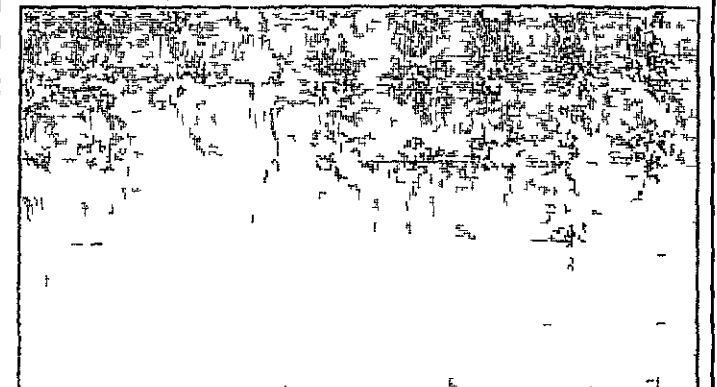
P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.